



**Form 610**  
State Form 48913  
(R / 8-02)

Indiana Department of Revenue  
**Cider Wholesaler's Excise Tax Report**

Reporting Month \_\_\_\_\_ Year \_\_\_\_\_

Name (As Appears on Permit)		Federal I.D. Number
Mailing Address		
City	State	Zip Code
State Beer Permit Number	State Wine Permit Number	

► **The report is due on or before the 20th day of the month following the month being reported.** ◀

**GALLONS**

1. Total Gallons Received per Schedule C-1 (See Other Side).....
2. Deduct Total Gallons of Returns to Manufacturer or Destroyed Product (Attach Documentation)
3. Deduct Total Gallons of Sales to U.S. Government Military Facilities (Attach Documentation)
4. Total Deductions (Line 2 + Line 3).....
- 5. Gallons Subject to Tax (Line 1 minus Line 4) .....**

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

**TAX**

6. Multiply Line 5 by Tax Rate of .115.....
7. Discount \*(Line 6 x .015) if timely filed .....
8. Amount Due (Line 6 Minus Line 7).....
9. Adjustments Auth. @ Department of Revenue (Money Only).....
10. If return is filed after due date, Add 10% of Line 8 (x.10) or \$5.00 whichever is greater.  
(Penalty is \$5.00 if return is filed late without tax due).....
11. If return is filed late add interest.....
12. Total Amount Due (Line 8 + or - Line 9 + Line 10 + Line 11) Enclose your payment  
for this amount .....

**\*Discount (Line 7) does not apply unless the report and payment are timely filed.**

**I hereby certify, under penalty of perjury, that the information contained herein, and on supporting documents is to the best of my knowledge true and correct.**



Signature of Agent or Officer

Title

Date

Telephone Number

**Mail To: Indiana Department of Revenue, P.O. Box 6114, Indianapolis, IN 46206-6114**

**Purchases of Hard Cider  
Schedule C-1**

No.	Manufacturer	Invoice Number	Date Received	Cider Gallons Per Invoice
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
Total Alcoholic Cider Gallons Received (Carry This Total Over to Form 610, Line1).....				

Use one Invoice Per Line